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AGO ltr 29 Apr 1980 ; AGO ltr 29 Apr 1980	

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IN REPLY REFER TO

AGAM-P (M) (17 Apr 67) FOR OT

SUBJECT: ~~_____~~ Lessons Learned, 55th Medical Group

TO: SEE DISTRIBUTION

1. Forwarded as inclosure is Operational Report - Lessons Learned, Headquarters, 55th Medical Group for quarterly period ending 31 January 1967. Information contained in this report should be reviewed and evaluated by CDC in accordance with paragraph 6f of AR 1-19 and by CONARC in accordance with paragraph 6c and d of AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter. (18) OACSFOR

2. Information contained in this report is provided to the Commandants of the Service Schools to insure appropriate benefits in the future from lessons learned during current operations, and may be adapted for use in developing training material. (19) OT-RD-670083

BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

KENNETH G. WICKHAM
 Major General, USA
 The Adjutant General

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 55TH MEDICAL GROUP
APO 96238

AVCA-IB-GB-C

24 February 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65)(U)

THRU: Commanding Officer
44th Medical Brigade
ATTN: AVCA-MB-PO
APO 96307

Commanding General
1st Logistical Command
ATTN: AVCA-GO-H
APO 96307

Commanding General
United States Army, Vietnam
ATTN: Surgeon
APO 96307

Commander-in-Chief
United States Army, Pacific
ATTN: GPOP-MH
APO 96558

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D. C. 20310

Inclosure 1

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SECTION I

SIGNIFICANT ORGANIZATIONAL ACTIVITIES

The mission of the 55th Medical Group ~~is~~ provides command and ~~control of the units listed below, with the responsibility~~ for hospitalization, evacuation, and area medical support of United States Army Vietnam (USARV) and other Free World Military Assistance Forces (FWMAF) located in Corps Tactical Zone II, North (CTZ II-N), to include the Provinces of Kontum, Binh Dinh, Pleiku, Phu Bon, and so much of Phu Yen Province located north of horizontal grid line BQ - CQ 60, remains unchanged.

The following units were assigned to the 55th Medical Group at the end of the report period:

- 1st Medical Company (Ambulance)
- 2d Surgical Hospital
- 14th Medical Detachment (Team KC)(Dispensary)
- 18th Surgical Hospital
- 48th Medical Detachment (Team KA)(Surgical Detachment)
- 51st Medical Company (Ambulance)
- 67th Evacuation Hospital
- 70th Medical Battalion
- 71st Evacuation Hospital
- 85th Evacuation Hospital
- 138th Medical Detachment (Team KE)(Neurosurgical)
- 139th Medical Detachment (Team KB)(Orthopedic)
- 142d Medical Detachment (Team MA)(Dispensary)
- 152d Medical Detachment (Team MA)(Dispensary)
- 240th Medical Detachment (Team KF)(Thoracic)
- 438th Medical Detachment (Team RB)(Ambulance Detachment)

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463d Medical Detachment (Team KH)(X-Ray)

495th Medical Detachment (Team AC)(Company Headquarters)

501st Medical Detachment (Team 11A)(Dispensary)

542d Medical Company (Clearing)

55th Medical Group continued to expand its command and control function over assigned units. The formulation of routines and procedures for the implementation of command policy continued.

On 1 November 1966, the Commanding General, US Army Support Command, Qui Nhon, designated senior Medical Corps Officers serving in the major administrative areas as Staff Surgeons. Accordingly, Colonel Edward T. O'Dell was designated as Staff Surgeon US Army Support Command, Qui Nhon. Major Anthony Ballard, Commanding Officer, 2d Surgical Hospital, was assigned the additional duty as Staff Surgeon, An Khe Sub Area Command, and Lieutenant Colonel Mark T. Cenac, Commanding Officer, 18th Surgical Hospital, was designated as the Staff Surgeon, Pleiku Sub Area Command.

Medical Regulating activities in the 55th Medical Group received a great adjunct to its operation with the introduction of the regularly scheduled in-country 660 evacuation mission. Originating in Tan Son Nhut each Tuesday, Thursday, and Saturday, this flight enables hospitals to properly program and schedule patients for evacuation and greatly reduces the communications and scheduling problems previously involved with routine in-country flights.

On 1 December 1966, 55th Medical Group consolidated the personnel records of its subordinate units into two personnel offices. One personnel office is located next to the group headquarters building in Qui Nhon and services units located in An Khe, Phu Thanh, Da Nang, and Qui Nhon. The other personnel office is located in the 71st Evacuation Hospital compound, Pleiku, and serves all 55th Medical Group units in the Pleiku area.

This consolidation of personnel activities has raised the quality of personnel work, partially alleviated the problems created when key personnel rotate, and reduces the number of personnel required for the proper management of personnel records and reports.

Throughout the reporting period, units of the 55th Medical Group have maintained an active Command Information Program. Every unit held at least one Command Information Class per month during the quarterly period.

In addition to the internal Command Information Program, each unit sent out Hometown News Releases. An average of fifty five Hometown News Releases was submitted to the Hometown News Release Center during this period.

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5 In addition, 55 Hometown Pictures were dispatched to the center for release.

The 1st Logistical Command Inspector General conducted an inspection of 55th Medical Group on 3 and 4 January 1967. The unit received an overall rating of satisfactory.

On 6 December 1966, LTC Robert M. Hall, MC, was assigned to 55th Medical Group and assumed command succeeding Colonel Edward T. O'Dell, MC, who was reassigned to the 44th Medical Brigade on 1 December 1966. LTC Hall assumed the additional duty as Surgeon, Qui Nhon Sub Area Command.

Captain Bruce W. Covell, Jr., MSC, assumed duties as Operations Officer, 55th Medical Group, succeeding Major Frank W. Dicker, MSC, who was assigned to the 44th Medical Brigade in Saigon as Medical Regulating and S-2 Officer of that headquarters on 7 January 1967.

Captain Patrick A. Schlenker, MSC, was assigned to 55th Medical Group from the 85th Evacuation Hospital on 7 January 1967 and assumed duties as Assistant Operations Officer.

The overall strength of the group rose from 1225 on 1 November 1966 to 1802 on 31 January 1967.

The only personnel shortages the Group experienced during the reporting period was among professional personnel. Throughout the period there was a shortage of approximately 15 ANC and 10 MC personnel. These shortages have not hampered the operation of any unit since they were distributed proportionately between the units.

Non-medical enlisted personnel in MOS 63A, Motor Maintenance, and 70A, Clerical, remained in recurring short supply.

Professional personnel and technicians of the 2d Surgical Hospital continue to augment civil affairs programs of the 15th Medical Battalion, 1st Cavalry Division, in An Khe. A consultation service is being provided at the An Tuc Dispensary. Area medical support of numerous villages in support of established 1st Cavalry Division MEDCAP Programs and USAID activities includes regularly scheduled consultation visits each Tuesday, Thursday, and Saturday. Return visits are made to each village twice a month to assure proper follow-up care. Approximately 672 patients were seen in January, 441 of whom were treated for a variety of afflictions including upper respiratory and pulmonary infections, parasitic gastrointestinal afflictions, and cutaneous eruptions. An educational program emphasizing personal hygiene has been initiated.

Chiefs, Medical and Surgical Services, and select ANC and enlisted

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personnel from the 67th Evacuation Hospital continued to provide limited support of the Qui Hoa Leprosarium and the Holy Family Catholic Hospital in Qui Nhon. Their activities have been greatly curtailed due to the increasing shortage of nursing service personnel and surgical technicians in the 67th Evacuation Hospital. Doctors, dentists, and corpsmen continue to provide limited support to the Village of Degi and the Island of Polo Cambre where they have treated numerous patients.

The 70th Medical Battalion continues to support emergency ground evacuation of the people of Pleiku, Qui Nhon, An Khe, and Phu Thanh. The 142d Medical Detachment (14A) continued to render medical aid to Vietnamese civilians at the dispensary in Phu Tai and continues to examine the children of the Dong Tien Catholic school in Phu Thanh. Personnel of the 152d Medical Detachment continued to visit two orphanages in the Qui Nhon area.

Personnel of the 85th Evacuation Hospital continue to visit the Qui Nhon Leprosarium, the Binh Dinh Provincial Hospital, the Qui Nhon Charity Orphanage, the Holy Family Catholic Hospital. The ophthalmologist, Captain Marvin F. Goldstein, MC, assisted by other EENT personnel, continues to hold clinic and perform surgery in the Holy Family Catholic Hospital. In addition, the surgical staff of the 85th Evacuation Hospital continues to conduct an extensive hair lip program. Captain Thomas Murphy, MC, 85th Evacuation Hospital, continues to coordinate the evacuation of selected patients with congenital heart defects to the USMHS Repose for corrective surgery. He has been instrumental in coordinating the evacuation of at least four such patients to the Repose during the report period.

Veterinary and preventive medicine activities mentioned in the previous report continue to improve the health of both the civilian and military population in Corps Tactical Zone II, North, Republic of Vietnam.

55th Medical Group continued to provide hospitalization, evacuation, and medical regulating for numerous tactical operations conducted in Corps Tactical Zone II, North. The concept of direct coordination with division level medical service by use of the Field Medical Regulator continued. Operations in progress at the end of the report period include:

a. Operation "Paul Revere" has been in progress since the arrival of this group in the command. This operation continues in the vicinity of Chu Pong. At the close of the report period SP6 (E-6) Charles E. McHugh, 85th Evacuation Hospital, continues to function as Field Medical Regulator with the 2d Brigade, 4th Infantry Division.

b. Operation Thayer II involving the 1st Brigade, 1st Cavalry Division (Air Mobile); two battalions of the Capitol ROK Infantry Division; and two battalions of ARVN troops in a search and destroy operation in the Phu Cat

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Mountains. Four 3/4 ton ambulances from the 51st Medical Company, 70th Medical Battalion, provide ground evacuation from FSA Hammond at BR880540 down Route 1 to the 67th and 85th Evacuation Hospitals in Qui Nhon. Aeromedical evacuation continues to be provided by HUH-1 Helicopters from the 498th Medical Company. CV-2 aircraft from the 1st Cavalry Division continue limited evacuation to the 2d Surgical Hospital. SSG (E-6) Raymond F. Faulk, 67th Evacuation Hospital, has been performing duties as Field Medical Regulator during this operation.

Operations supported during the period which have terminated include Operation Pickett. Conducted during the period 7 December 1966 to 20 January 1967, this operation involved the 1st Brigade, 101st Airborne Division, which conducted a search and destroy operation in the vicinity of Kontum.

a. Division level medical service was provided by Company D, 426th Medical Battalion.

b. 55th Medical Group provided hospitalization, evacuation and medical regulating, as required. 773 patients were evacuated to the 18th Surgical Hospital during the operation. Of the total patients, two-hundred sixty-four (264) were evacuated by ground ambulances from the 51st Medical Company which completed a total of fifty-five (55) missions during the operation. Medical regulating was accomplished by SP5 (E-6) James J. O'Donnell, 71st Evacuation Hospital, who functioned as 55th Medical Group Field Medical Regulator during the operation.

Routine activity continued in the S-4 operations on the 55th Medical Group during the report period. Further emphasis and effort was made to streamline procedures and simplify reporting requirements from subordinate units.

Internal physical changes were made within the S-4 Office to provide more effective control and security. A cubical office was constructed for the S-4 clerk-typist who also serves as the Detachment Armorer. The office was constructed in a position in front of the arms room so that maximum security of the arms room was effected.

The unit supply room was rearranged to provide more storage space with bulk supplies now stored in conex containers.

A significant improvement in the maintenance of levels of supply resulted with the approval from 44th Medical Brigade to include the operating level (15 days), safety level (10 days) plus order and shipping time in the requisitioning objective. The previous stockage level of 15 days greatly restricted supply operations. As a result of this improved requisitioning

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objective, supply officers can now maintain more realistic quantities of supplies on hand or on order and are in a better position to react in the event large numbers of casualties place an unexpected burden on the system.

Courtesy pre-AGI inspections were continued during the report period with visits conducted at the 2d Surgical Hospital, the 18th Surgical Hospital, and Headquarters, 70th Medical Battalion. All three units were subsequently rated satisfactory on Annual General Inspections conducted during the period.

With the addition of three (3) new units to the 55th Medical Group, two messes were established increasing the number of messes being operated by the group to a total of seven (7).

In an effort to reduce the number of customers drawing on the local 2d Advanced Platoon, 32d Medical Depot, in Qui Nhon, the 44th Medical Brigade directed that a study be conducted to determine the feasibility of satelliting selected medical units on larger units for the purpose of medical expendable supply support. Accordingly, the following satelliting was effected during the report period:

- a. The 152d Medical Detachment draws its expendable medical supplies from the 67th Evacuation Hospital.
- b. The 142d Medical Detachment was satellited on the 542d Medical Company.
- c. The 501st Medical Detachment was satellited on the 18th Surgical Hospital.
- d. The 14th Medical Detachment will be satellited on the 67th Evacuation Hospital.

A technical medical equipment density survey was conducted during the report period. The purpose of this survey was to determine the total number of medical technical equipment items supported by the command so that proper planning of maintenance programs, personnel manning, and repair parts stockage can be effected. A total of 1072 pieces of medical technical equipment was available in the group at the close of the survey. This does not include equipment authorized the 71st Evacuation Hospital or the newly arrived 14th Medical Detachment (Team MC)(Dispensary).

To further control resources within the Group and to make units more responsive in event they are required to support contingency planning directed by higher headquarters, all units were required to recall all equipment on loan or hand receipt. All transfers of equipment within the Group now require prior approval of the Group Commander.

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On 5 November 1966, Brigadier General Joe M. Blumberg, MC, Director, Armed Forces Institute of Pathology, Washington, D. C., visited the group headquarters and received an organizational situation briefing. General Blumberg was accompanied by Colonel James French, MC, USAF, Department of Pathology, University of Michigan. General Blumberg and Colonel French visited the 67th and 85th Evacuation Hospitals in Qui Nhon, and were taken on a tour of the Qui Hoa Leprosarium.

On Monday, 14 November 1966, Colonel Justin S. Zack, DC, incoming USARV Dental Surgeon, and Colonel Snead, departing USARV Dental Surgeon, together with Colonel Brown, outgoing 44th Medical Brigade Dental Surgeon, and LTC Weiss, incoming 44th Medical Brigade Surgeon, visited the 55th Medical Group.

Captain Jay D. Gensler, ISC, Sanitary Engineer, 20th Preventive Medicine Unit, conducted a survey of sanitary conditions at the 67th and 85th Evacuation Hospitals. This inspection was directed by the USARV Surgeon.

Colonel Anthony R. Curreri, MC, USAR, Consultant in Surgery to the Surgeon General of the Army and Professor of Surgery, University of Michigan, arrived and was given a briefing at 55th Medical Group on 18 November 1966.

On 22 November 1966, Lieutenant General Leonard D. Heaton, Surgeon General of the Army; Brigadier General William A. Hamrick, Chief, Medical Service Corps; Brigadier General James A. Wier, USARV Surgeon; Colonel Ray L. Miller, Commanding Officer, 44th Medical Brigade; and Colonel Thomas P. Caito, Executive Officer, 44th Medical Brigade, visited the 55th Medical Group and the 67th and 85th Evacuation Hospitals.

Dr. Maurice Ruble; Dr. De Chambrier, International Red Cross, visited the Prisoner of War facilities at the 85th Evacuation Hospital on 5 December 1966. They were escorted by Major Guy Huskerson, Chief, POW Section, USARV Provost Marshal's Office, and LTC Robert Root, Chief, POW Section, MACV Provost Marshal's Office. The visiting party was given a complete briefing by Major William C. Martin, Sr., S-1, 55th Medical Group, Major Frank W. Dicker, S-3, 55th Medical Group, regarding processing of prisoners of war.

On 5 December 1966, LTC William J. Foulk, ISC, and LTC James F. Graziano, ISC, Office of the Surgeon General, visited the 55th Medical Group and conducted a discussion with all hospital commanders regarding unit personnel and equipment deficiencies. The purpose and method of preparation of modification TOE's was discussed.

Colonel Edmund R. Kielman, IC, Deputy Surgeon, USARV, and Lieutenant Colonel Arnold W. Johnson, Neuropsychiatric Consultant, Headquarters, USARV, visited 55th Medical Group and were given a complete briefing by the group staff at 0800 hours, 10 December 1966.

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LTC Bedford Berry, Chief, I/C Assignment, Office of the Surgeon General, Department of the Army, Washington, D. C. visited on 13 December 1966, this headquarters, the 67th and 85th Evacuation Hospitals in Qui Nhon and the 70th Medical Battalion in Phu Thanh for the purpose of interviewing all Medical Corps Officers of the command.

Colonel Margaret Clark, Chief, Army Nurse Corps, visited this headquarters on 20 December 1966 and was given a complete briefing by the group staff.

Major General Byron L. Steger, I/C, Chief Surgeon, Headquarters, USARPAC; Colonel Charles R. Wolf, MSC, Office of the Chief, Surgeon. USARPAC; Colonel Edmund R. Kielman, Deputy Surgeon, USAFV; and Colonel Ray L. Miller, Commanding Officer, 44th Medical Brigade, visited 55th Medical Group and were given a briefing by the group staff on 8 January 1967. The purpose of their visit was to discuss and investigate the capabilities and limitation of the United States Army Medical Service in Southeast Asia, and to review the general procedures relating to tri-service medical support of combat operations in Vietnam.

The following Korean dignitaries toured the 85th Evacuation Hospital at the request of the MCV Preventive Medicine Section on 19 January 1967 and were given a briefing on hospital and medical laboratory proceedings by LTC A. H. Donahoo, Commanding Officer, 85th Evacuation Hospital:

Professor KEE YOUNG SOOK, Seoul University.

Air Force Colonel (Dr) CHO SUNG HYUN, Korean Ministry of Defense.

Dr. MA HEE YUN, Korean Ministry of Health.

Colonel (Dr) KYU DONG LEE, Commanding Officer, 6th HOK Evacuation Hospital.

On 30 January 1967, Brigadier General George J. Hayes, Director, Professional Services, Office of the Surgeon General; Dr. Henry G. Schwartz; and Colonel R. W. Blohm, MC, USAFV Medical Consultant, visited 55th Medical Group.

The 2d Surgical Hospital continued to provide resuscitative surgery and medical treatment necessary to prepare critically injured, or ill patients received from divisional and nondivisional troops located in the An Khe area for further evacuation. The Third Platoon, 542d Medical Company (Clearing) is collocated with this hospital and functions as a patient holding facility with a capacity of eighty (80) beds. Five ambulances from the 1st Medical Company (Ambulance) are providing emergency

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ambulance service for the An Khe area and shuttle patients between the hospital and the An Khe Army Air Field.

During the quarter, the 2d Surgical Hospital admitted for definitive treatment 653 military personnel, three (3) American civilian employees, sixteen (16) Vietnamese Military personnel, and two (2) Viet Cong and North Vietnamese Army Prisoner of War.

The only key personnel change during the reporting period occurred on 29 December 1966 when 1SG Donald G. Carmier was transferred to the 71st Evacuation Hospital in Pleiku. He was replaced by SFC (E-7) Marion D. Ferris.

The annual AGI/CMMI Inspection of the 2d Surgical Hospital was conducted by the 1st Logistical Command Inspector General on 29 November. The unit received a satisfactory rating.

Two General Surgeons, Captain Albert F. Peters and Captain Robert Gasior, successfully completed the first part of the General Surgical Specialty Board in Saigon, Vietnam, on 7 December 1966.

The 2d Surgical Hospital was released from attachment to the 34th Supply and Service Battalion and attached to the An Khe Sub Area Command for Logistical support only in accordance with paragraph 3, Special Order 203, Headquarters, US Army Support Command, Qui Nhon, 2 December 1966.

There were no units assigned to or under the operational control of the 2d Surgical Hospital at the close of the report period.

The 18th Surgical Hospital continued its mission of providing resuscitative surgery and medical treatment necessary to ~~prepare~~ critically injured or ill patients received from divisional and nondivisional units in the Pleiku area for further evacuation. The second Platoon, 542d Medical Company (Clearing) is collocated with this hospital and functions as a patient holding facility with a capacity of eighty (80) beds. On 6 December 1966, five ambulances from the 1st Medical Company (Ambulance) arrived and relieved the 51st Medical Company (Ambulance) of the responsibility of providing emergency ambulance service for the Pleiku area.

On 1 December 1966, the 18th Surgical Hospital received its Annual General Inspection and was awarded a satisfactory rating. On 5 December 1966 this hospital received a satisfactory rating on its Command Maintenance Management Inspection.

A noteworthy addition to the 18th Surgical Hospital complex was the addition of a self-help basis of a separate quonset for CWS. With this came

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alterations to the interior of two existing quonsets. R & E was expanded to comply with the heavy load of patient care and the cast room received additional space. Pharmacy and Laboratory facilities were expanded and improved.

It is significant that the personnel of the 18th Surgical Hospital admitted and processed 2,924 patients during the report period. This figure is particularly significant when compared with 3,579 patients processed by the most active of our evacuation hospitals during the same period. The commander and personnel of this hospital are commended for the singularly outstanding manner in which they have represented the Army Medical Service in the Republic of Viet Nam.

The following units were attached to the 18th Surgical Hospital at the close of the report period:

240th Medical Detachment (Team KF)(Thoracic).

501st Medical Detachment (Team MA)(Dispensary).

For the first time since arriving in the Republic of Vietnam, the 67th Evacuation Hospital was operational throughout the entire reporting period. The bed capacity of the hospital was increased to 388 beds on 27 November 1966. On 1 January 1967, the present status of a 400 bed evacuation hospital was achieved.

The 67th Evacuation Hospital mess hall continued as a transient mess during the entire period. At the close of the period, approximately 1,800 persons per day, or approximately 165,000 for the reporting period had been fed.

This hospital admitted a total of 2,779 patients during the report period.

A Command Maintenance Management Inspection of the 67th Evacuation Hospital was conducted on 24 November 1967. The unit received an overall rating of satisfactory.

There were no units assigned to or under the operational control of the 67th Evacuation Hospital at the close of the report period.

The 70th Medical Battalion continued to function as a command and control headquarters in the Phu Thanh Valley, with the following units attached for administrative and operational control at the end of the report period:

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542d Medical Company (Clearing). On 2 November 1966, the 1st Logistical Command conducted the Annual General Inspection of this unit and awarded it a satisfactory rating.

Headquarters and Headquarters Detachment, 70th Medical Battalion, received its Annual General Inspection from Headquarters, 1st Logistical Command, on 5 January 1967, and was awarded a rating of satisfactory.

The 71st Evacuation Hospital was alerted for overseas movement on 17 March 1966. The main body of the hospital departed Tacoma, Washington, on the USNS William O. Darby on 3 November 1966. The advanced party arrived at Tan Son Nhut air base, Saigon, Viet Nam, on 15 November 1966. The party consisted of the Commanding Officer, Lieutenant Colonel Phillip H. Welch, MC; the Supply Officer, Captain Robert H. Hayman, MSC; the Registrar, Captain Joseph F. Constable, MSC; the Sergeant Major, SGM (E-9) Haskell R. Bell; and two enlisted men.

The bulk shipment of equipment for this unit arrived in Qui Nhon, Viet Nam on 18 November 1966. The main body of personnel arrived at the Port of Qui Nhon at 1500 hours, 20 November 1966. The total complement consisted of 14 officers and 191 enlisted men.

With the arrival of the 71st Evacuation Hospital in the Pleiku area, increased emphasis was placed on the problems of environmental health and preventive medicine. The 71st Evacuation Hospital Commander, Lieutenant Colonel Philip H. Welch, MC, was designated as Pleiku Sub area Command Surgeon on 5 December 1966. An aggressive program designed to improve the health of the military population in this area has been initiated.

Construction began on the permanent hospital complex of the 71st Evacuation Hospital on 16 December 1967. A beneficial occupancy date of 15 April has been proposed. Weekly construction progress reports are submitted to the S-4, 44th Medical Brigade, in order that that headquarters is properly advised on the status of construction.

There were no units assigned to or under the operational control of the 71st Evacuation Hospital at the close of the report period.

The 85th Evacuation Hospital continued with its usual heavy workload during the report period. There were 3652 admissions, including 626 malaria admissions and 555 IRHA admissions. This hospital admitted its 20,000th patient on 9 December 1966.

The Hospital Sergeant Major, Sergeant Major (E-9) Glenn T. Braden, II, was promoted to his present grade on 11 December 1966.

The following units, attached to and under the operational control of

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the 70th Medical Battalion, were in direct support of the 85th Evacuation Hospital at the close of the report period:

48th Medical Detachment (Team KA)(Surgical Detachment).

138th Medical Detachment (Team KE)(Neurosurgical).

139th Medical Detachment (Team KB)(Orthopedic).

463d Medical Detachment (Team KH)(X-Ray).

The 275th Medical Detachment (Team FM)(Medical Supply), assigned to the 32d Medical Det, remained attached to the 85th Evacuation Hospital for administration, logistical support, and administration of military justice.

The 528th Medical Laboratory (Mobile Section) assigned to the 9th Medical Laboratory, remained attached to the 85th Evacuation Hospital for administration and logistical support.

The following key personnel have directed the 55th Medical Group during the report period:

Commanding Officer:

Colonel Edward T. O'Dell, MC, 1 November 1966 - 30 November 1966.

Lieutenant Colonel Robert H. Holzworth, MC, 1 December 1966 - 5 December 1966.

Lieutenant Colonel Robert M Hall, MC, 6 December 1966 - 31 January 1967.

Executive Officer:

Lieutenant Colonel Robert E. Kreidinger, MSC.

S-1 Officer:

Major William C. Martin, Sr., MSC

S-2 Officer:

Captain Bruce W. Covell, Jr., MSC, 1 November 1966 - 6 January 1967.

Captain Patrick A. Schlenker, MSC, 7 January 1967 - 31 January 1967.

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S-3 Officer:

Major Frank W. Dicker, MSC, 1 November 1966 - 6 January 1967.

Captain Bruce W. Covell, Jr., MSC, 7 January 1967 - 31 January 1967.

S-4 Officer:

Lieutenant Colonel Hillard F. Wiatrowski, MSC.

Food Service Supervisor:

Chief Warrant Officer Glenn R. Warner, QMC.

Personnel Officer:

First Lieutenant Ernest C. Soaeuf, MSC

Sergeant Major:

Sergeant Major Buck Heacham.

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SECTION II - COMMANDER'S OBSERVATIONS AND RECOMMENDATIONS**Part 1. Observations (Lessons Learned)****Failure of X-Ray Equipment**

Item: Established procedures should be followed in the checking of equipment for malfunction.

Discussion: The 18th Surgical Hospital experienced a baffling sequence of events in the malfunction of X-Ray equipment. The hospital primary X-Ray exposure room was operating a 50 MA machine with rectifier. Current to support the machine was delivered directly from the generator shed on separate lines. The generator itself was a 100 KV generator operated by R & U personnel. Other lines from this same generator supported many additional secondary circuits. This situation existed for over a month and there had been no difficulty with the quality of the X-Rays produced by the 50 MA machine. However, during an unusually busy period in the hospital, the radiology workload increased and coincidentally the quality of the X-Ray films became quite unsatisfactory.

The personnel of the X-Ray Department checked control pannels and circuits within the X-Ray Clinic and all appeared to be in order. Next they called for assistance from the hospital medical equipment repairman. All factors were rechecked and again appeared proper. Since the films continued to be unsatisfactory in definition, the technicians increased the voltage to the tube in an attempt to improve the films. During the course of that single day, with multiple modifications in technique, both the rectifier and the tube head burned out. The following day, the situation was checked by maintenance personnel from the 32d Medical Depot in Qui Nhon and by the eletrical engineer from the contracting firm that installed the primary distribution system (RMK). It was again substantiated that the voltage and amperage being delivered to the control panel were indeed exactly that required and the cause of the failure had been the fact that the generator operators had carelessly allowed the generator to deliver current which was not 60 cycle. In order to prove the theory, the generator was placed on 56 cycles and chest X-Rays taken on volunteers. These films appeared to be of exactly the same quality as the unsatisfactory films taken the previous day. Immediately thereafter, a second film was taken after the generator was set on 60 cycles with the control panel set at exactly the same exposure technique as the unsatisfactory film. The result was a perfect X-Ray film.

Observation: Proper operation of generator equipment is an absolute necessity in the operation of X-Ray equipment.

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Problems in Supply Point Distribution

Item: Distance and terrain in the Republic of Vietnam demand a revision in the method of distribution of medical supplies.

Discussion: Because of the peculiarities of operations in Vietnam, the timely, safe, and proper delivery of pick-up of filled medical supply orders is difficult. Because of terrain, weather, distance, and insecure areas, the concepts expressed in Field Manuals regarding medical supply point distribution are not always feasible. Where units are located some distance from the supply point, vehicle and manpower resources available to units (hospitals) are over-extended in picking up the supplies. A case in point is our hospital located at Pleiku, 110 miles from the supply point. Vehicles must travel through about 55 miles of insecure territory. When the HSO dispatched vehicles and men to the supply point for pick up of medical material, usually 2 men and one vehicle are involved for 3 days in making the round trip. To rely on transportation units for the service is not practical since they operate on their own schedules and under their own procedures. Likewise, distribution of supplies to divisional medical units requires study to evolve a new positive method. With independent Brigade, Battalion, and Company type operations in Vietnam, the present system of distribution is difficult. This problem is entered here for further consideration and study.

Observation: Medical units located more than two hours by vehicle from their supporting depot should be provided delivery of supplies and equipment or be assigned additional personnel and vehicles to accomplish resupply of medical expendable supplies. A study is necessary of the entire medical supply delivery and distribution system to establish a system more receptive to the unconventional type of warfare being waged here in Vietnam.

Preventive Medicine Emphasis

Item: There is a need for increased emphasis on the environmental health of the local civilian and military populations in Vietnam.

Discussion: Corps Tactical Zone II, North, is divided into three sub area commands for the purpose of logistical and administrative efficiency. Each of the three sub area commands, An Khe, Pleiku, and Qui Nhon, have medical corps officers who are assigned the additional duty as Sub Area Command Surgeon. The existence of environmental health problems demands that a concerted effort be made by the Army Medical Service, in conjunction with other Army technical services, to improve the health of the command by the maintenance of an aggressive preventive medicine and environmental health program. This can only be accomplished by the assignment of adequate preventive medicine personnel to cope with the aforementioned problems.

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Observation: A minimum of one (1) Preventive Medicine Officer, MOS 3005; one enlisted Preventive Medicine Specialist, MOS 918; one enlisted Clerk-Typist, MOS 71B and one 1/2 ton vehicle with trailer should be assigned to each sub-area command surgeon in Vietnam to assure the proper implementation of an aggressive environmental health program.

Assignment and Utilization of Commissioned Optometrists

Item: An excessive number of outpatient referrals to the eye clinic in Qui Nhon continues to pose a problem.

Discussion: In the Operational Report - Lessons Learned for Quarterly Period Ending 31 October 1966, the problem of excessive breakage of spectacles by combat personnel was outlined. Further investigation of this problem indicated that the assignment of a commissioned Optometrist, MOS 3340, to the An Khe area in addition to the Commissioned Optometrist currently authorized the 14th Medical Detachment (Team MC) (Dispensary) in Qui Nhon, is indicated. The assignment recommended will eliminate the necessity for troops being transported to Qui Nhon for this purpose. The ENT Clinic at the 85th Evacuation Hospital had the following workload involving refractions:

a. They had a total of 979 eye patients for the month of December 1966. Of the total 313 eye patients from the An Khe area during this period, 237 were for refractions.

b. They had a total of 917 patients during the month of January, 1967. Of the total of 371 eye patients from the An Khe area during this period, 227 were for refractions.

Observation: The assignment of a commissioned Optometrist, MOS 3340, to the An Khe area is indicated.

Prisoner of War Hospital

Item: The steady increase in the number of Prisoners of War requiring hospitalization indicates the immediate need for a central Prisoner of War Hospital.

Discussion: 55th Medical Group hospitals have been receiving sporadic numbers of Prisoners of War prior to this report period. The following average daily census of PW's during the periods indicated are presented:

20 - 30 November 1966 - 17.5

1 - 31 December 1966 - 24.5

1 - 31 January 1967 - 29.0

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This group opened a Prisoner of War Hospital Ward with a total bed capacity of 33 beds on 2 December 1966. Shortly after the ward was operational, Military Police Security Guards were assigned by the 18th Military Police Brigade to secure the facility. Subsequent to this, the area was secured by the addition of barbed wire. Because the International Red Cross requires that Prisoners of War be cared for in the same permanent type facilities being used for American Troops in Viet Nam, and because of the fact that the prisoner patients must be retained until their condition requires only "minimal treatment", the probability of our existing facility being filled to capacity has prompted this headquarters to direct the opening of an additional 40 bed facility in the Phu Thanh Valley. This facility will be operated by the 542d Medical Company. The problem, however, is not the professional capability of this group to treat PW Patients. It is a lack of permanent, fixed facilities which are a prerequisite to the establishment of a proper facility. An unexpected increase in PW's such as was experienced by the American Army in Korea in 1952 will demand the construction of a central PW hospital.

Observation: Command emphasis should be placed on the immediate construction of a centrally located Prisoner of War Hospital capable of housing, treating, and processing large numbers of Prisoners of War.

Assignment of Air Ambulances

Item: The limitations of conventional evacuation imposed by unconventional warfare; terrain and weather considerations; and fixed condition of medical treatment facilities requires maximum utilization of air ambulances to assure the effective, timely evacuation of combat casualties.

Discussion: The 1st Cavalry Division (Air Mobile) is the only field force operating in Viet Nam which has organic Air Ambulances, Helicopters, HMD. These twelve organic "Medevac" aircraft are traditionally used to evacuate patients "within" division level medical service.

Because none of the other Army Divisions or separate brigades operating in Viet Nam have organic helicopters for forward area evacuation, the 498th Medical Company (Air Ambulance), in addition to providing complete area coverage for Corps Tactical Zone II, North, must, on occasion, provide direct support for forward area pickups of combat casualties of field forces operating in this area. This coverage is usually provided on the basis of one HU1D Aircraft per committed brigade. There have been occasions when six brigade size task forces have operated in this area. The result either taxes the resources of the 498th Medical Company to the limit or results in incomplete evacuation coverage.

In addition, eighteen of the twenty four air ambulances authorized the 498th Medical Company (Air Ambulance) are physically located in CTZ II, North. In providing support, this unit is responsive to the Group Commander, but is not under his direct control. This on occasion has caused difficulty in establishing priority of operational assignments. If

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2/ this unit were assigned, 55th Medical Group would have control of the complete evacuation chain and would be able to more properly establish priorities for medical evacuation.

Observation: There are two definite observations derived from the above discussion:

a. All field forces operating in Viet Nam should have helicopter ambulances assigned for the evacuation of their forward areas. This would allow evacuation helicopters controlled by Medical Groups to evacuate from the division level medical service, their normal mission.

b. The 498th Medical Company (Air Ambulance) should be assigned to the 55th Medical Group. The assignment in the manner indicated will greatly facilitate the overall operational mission of this command.

Precedence for Pick-Up and Movement of Patients

Item: Establishment of a proper patient classification in accordance with paragraph 8c, AR 40-535, is a continuing problem.

Discussion: It has been noted during numerous combat support operations that the criteria for urgent, priority, and routine patients is not common knowledge at the working level of the Army Medical Service in Vietnam. On numerous occasions, urgent requests have been received which should have been priority, or even routine. Overclassification causes an unnecessary hardship to patients on flights which have to be diverted. It further subjects the flight crews and aircraft to unnecessary, costly, and hazardous flights.

Observation: Command emphasis should be placed on assuring that all levels of command are familiar with the proper precedence for pickup and movement of patients outlined in paragraph 8c, AR 40-535.

Time Factors for Pick-up of Urgent Patients

Item: This headquarters and the 498th Medical Company (Air Ambulance) has experienced a problem on what time factor to use for the pick-up of urgent patients.

Discussion: Nonmedical maneuver force commanders are constantly pressuring this headquarters to locate helicopter ambulances on a standby basis at their forward positions. This has been the case even when the flying time from Qui Nhon is less than 30 minutes. We have used the concept of area coverage for the aeromedical evacuation of patients due to the limited number of aircraft available at any one time. Placing a helicopter ambulance in a static forward position greatly limits our overall area coverage capability.

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Observation: Specific clarification of the time factor to be used in determining "Urgent" precedence for patient evacuation should be published and disseminated by COMUSMACV. 72

Physical Security Standards

Item: There apparently is a lack of certain construction materials necessary to achieve proper physical security posture.

Discussion: A review of correspondence submitted to the Commanding Officer, US Army Support Command, Qui Nhon on 29 September 1966 and again on 7 November 1966 has failed to produce the materials requested on the following work order.

a. DA Form 2700 was submitted on 28 April 1966 requesting perimeter lighting for the 85th Evacuation Hospital compound. The work order was approved in the amount of \$11,188.81. The Work Request Number is QN 433-66 Job Order Number QN 2190-66.

b. DA Form 2700 was submitted on 17 June 1966 requesting the construction of three guard towers for the 85th Evacuation Hospital compound. The work order was approved with a total cost of \$2,284.46 required for the construction of the towers. The Job Order Number is QN 79-67.

In addition, this command has been repeatedly informed that there is a critical shortage of sand bags required for the construction of bunkers and sand bag barriers necessary to provide proper security for personnel and patients in the 85th Evacuation Hospital compound.

Observation: Because of the importance of the maintenance of proper physical security posture in Vietnam, it is felt that barrier and physical security materials should be made readily available to requesting units.

Reporting

Item: There appears to be a duplication in reporting logistical information to two (2) different headquarters.

Discussion: This headquarters is assigned to the 44th Medical Brigade for command and control and attached to US Army Support Command, Qui Nhon, for certain logistical support. A number of occasions have occurred during the report period where it was necessary to submit certain information regarding particular items of equipment to both 44th Medical Brigade and the local support command headquarters. Examples of this duplication is in the case of a survey regarding utilization of house trailers for billets; projected tentage requirements; deadlined field laundry units; and bath unit equipment

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23 and foot locker requirements. Usually the information to be submitted to the different headquarters carries different suspense dates and requires a different format. Of particular concern is the fact that when such data is duplicated, total consolidated figures at the processing headquarters can conceivably be erroneous since the data arrives there from two different sources and involves identical units. This matter has been brought to the attention of both headquarters involved.

Observation: Reporting channels for logistical information should be clearly defined to prevent duplication of reported data. This will result in a considerable saving of manpower and effort and will result in a more meaningful product.

Transient Billets

Item: Discharged inpatients, and outpatients from both the 67th and 85th Evacuation Hospitals in Qui Nhon, require transient accommodations in Qui Nhon.

Discussion: Personnel who have been discharged from the hospital and who are unable to get transportation back to their unit on the day of discharge require transient accommodations in Qui Nhon. Personnel from remote units arrive for consultation type appointments which must be accomplished the day following their arrival in Qui Nhon. Billets for these categories of personnel are not available at 55th Medical Group hospitals. Lack of space, facilities, and supervisory personnel does not allow for this. The Commanding Officer, 85th Evacuation Hospital; Executive Officer, 55th Medical Group; and the 55th Medical Group Commander have all brought this to the attention of Qui Nhon Support Command Billeting Officer; the Qui Nhon Support Command Assistant Area Engineer; the Deputy Qui Nhon Support Command Commander; the Qui Nhon Support Command Area Engineer; and the Commanding General, 1st Logistical Command. Although this situation has existed for many months, transient billets are not available in the local area.

Observation: The area billeting officer should provide facilities for transient billets or a replacement company capable of billeting these personnel should be assigned to the Qui Nhon Area.

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Inadequate Staffing of Operating Room

Item: Enlisted Operating Room Specialists, MOS 91D20, do not have sufficient training or knowledge to properly perform in the operating room.

Discussion: Considering the type of war surgery being performed in unconventional warfare, it is necessary that an operating room nurse be available on a 24 hour basis. Since TOE 8-581E authorized the Evacuation Hospital one Operating Room Nurse, this is impossible. The OR Technicians recently authorized in lieu of OR Nurses do not have the training or the experience for decision making in the operating room.

Observation: Army Nurse Corps Officers, MOS 3443, Operating Room Nurse, should be authorized in TOE 8-581E in lieu of enlisted Operating Room Specialists, MOS 91D20. As an absolute minimum, three (3) OR Nurses should be authorized the Evacuation Hospitals.

Part 2. Recommendations

Personnel:

a. It is recommended that a minimum of three (3) OR Nurses be assigned to Evacuation Hospitals in Vietnam and that TOE 8-581E be revised to include Army Nurse Corps Officer, MOS 3443, Operating Room Nurse, in lieu of enlisted Operating Room Specialists, MOS 91D20.

b. It is recommended that a Commissioned Optometrist, MOS 3340, be assigned to the An Khe area to work in an Eye Clinic operated by the 2d Surgical Hospital. This should be in addition to the commissioned optometrist currently authorized and assigned to the 14th Medical Detachment (Team MC) (Dispensary) in Qui Nhon.

c. It is recommended that one Preventive Medicine Officer, MOS 3005; one enlisted Preventive Medicine Specialist, MOS 91S; one enlisted Clerk-Typist, MOS 71B; and one $\frac{1}{2}$ ton vehicle with trailer be assigned to each sub-area command for operational control and utilization by the sub-area command surgeon in the implementation of an aggressive environmental health program in Vietnam.

Operations:

a. A recommendation should be submitted to COMUSMACV requesting the widest dissemination of guidance clarifying the time factor to be used in determining "Urgent" precedence for patient evacuation.

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b. It is recommended that all field forces operating in Vietnam be assigned organic helicopter ambulances on the basis of one per brigade to be used for the evacuation of forward areas.

c. Recommend that the 498th Medical Company (Air Ambulance) be assigned to the 55th Medical Group.

Logistics:

a. It is recommended that a panel or committee be organized to study the problem of distribution of medical supplies to using activities. This study group should explore all facets of the problem taking into consideration the type of warfare being waged here, the terrain, road networks, the secure and insecure areas of Vietnam, and the deployment of combat troops for operations. This committee should attempt to evolve a system of distribution of medical supplies which would more properly be suited to combat operations in Vietnam and other similar situations.

b. It is recommended that a transient billets or a replacement company capable of billeting discharged patients and outpatient returnees be assigned to the Qui Nhon area.

c. It is recommended that logistical reporting channels be clarified and properly delineated to preclude duplication of effort and the requirements for submitting the same information through two different channels.

TEL: QN 679

Robert M. Hall

ROBERT M. HALL
Lieutenant Colonel, MC
Commanding

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SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (HCS CSFOR-65) (HHD 55th Med Gp)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 2 March 1967

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

1. Operational Report - Lessons Learned (HHD 55th Medical Group)
for period ending 31 January 1967 is forwarded in compliance with AR 1-19.

2. Reference to Section II, Part I, item pertaining to Problem in Supply Point Distribution. Hospital in question is the 18th Surgical Hospital in Pleiku. The distance and terrain involved in obtaining medical supplies is not considered beyond the capability of the 18th Surgical Hospital or any other hospital in the 55th Medical Group. The present procedure is for medical units in-country to pick up supplies themselves, and it is recommended that this system remain in effect. This headquarters does not concur in observation made on delivery of supplies if units are more than two hours from supporting depot. There are no transportation facilities available in Vietnam for the purpose of delivering supplies. Therefore, it is recommended that the present procedure be retained. Presently, units also pick up technical service items and conduct other necessary business while picking up medical supplies.

3. Reference to Section II, Part I, item pertaining to Prisoner of War Hospital. Do not concur that command emphasis should be placed on the immediate construction of a centrally located Prisoner of War Hospital. Medical facilities holding prisoners of war and other detainees have been informed that the PW situation is constantly under review by higher headquarters. If and when a hospital for PWs is required, approval will come from higher headquarters. Meanwhile, units have been advised that should the number of PWs and detainees exceed the bed capacity of their medical units used to hold PWs, these excess individuals will be regulated to other medical facilities.

4. Reference to Section II, Part I, item concerning the Precedence for Pick Up and Movement of Patients. Command emphasis has been placed on the proper classification of patients and casualties in the forward area. It is still the attending physicians responsibility to classify the casualty or patient to be evacuated. As the newer medical officers, who are presently assigned to forward areas, gain in experience, there will be fewer cases of overclassification.

5. Reference to Section II, Part I, item concerning Physical Security Standards. Physical security in the Qui Nhon area is the responsibility of the Commanding Officer, Qui Nhon Support Command (QNSC). This

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headquarters has recommended that the HHD 55th Medical Group inquire as to the priorities for various construction materials which have been requisitioned. Moreover, QNSC will be in position to advise them as to the status of the approved request for perimeter lighting for the 85th Evacuation Hospital Compound.

6. Reference to Section II, Part 2, (PERSONNEL), paragraphs a, b, & c.

a. Concur in the recommendation that an Optometrist, MOS 3340 be assigned to the An Khe area to work in an eye clinic operated by the 2nd Surgical Hospital. Arrangements are being made for the reassignment of an Optometrist from the Long Binh area to the 2nd Surgical Hospital in an excess capacity. It is planned that this officer will make periodic visits to the Pleiku area which is also without such service.

b. Concur in the recommendation that a minimum of three (3) OR Nurses be assigned to the evacuation hospitals in Vietnam.

c. The structure of the preventive medicine program in Vietnam is currently under study. At the conclusion of this study, adjustments will be made to implement adequate preventive medicine coverage.

7. Reference to Section II, Part 2, (OPERATIONS), paragraphs a, b, & c.

a. Do not concur that a recommendation should be submitted to COMUSMACV clarifying the time factor to be used in determining "Urgent" precedence for patient evacuation. A specific time factor to be used for the pick up of urgent patients is not feasible at this time. The most important criteria is to have the aircraft available and then evacuate urgents ASAP. Specific clarification of the time factor will be more appropriate when more aircrafts are available.

b. Do not concur with the recommendation that all field forces operating in Vietnam be assigned organic helicopter ambulances on the basis of one per brigade to be used for the evacuation from the forward area. At present, there is an authorization of 12 medical evacuation helicopters per division slice to carry out the responsibilities of forward and rear evacuation. In view of the helicopter shortage and troop ceiling, the present distribution and use of helicopters for medical purposes is effective and should not be changed.

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c. Reference to the recommendation that the 498th Medical Company (Air Ambulance) be assigned to the 55th Medical Group, this proposal is presently being given serious consideration. The basis of the present study is the number of combat operations experienced in the II CTZ North (55th Med Gp area) as compared to the support by Dustoff for II CTZ South (43rd Med Gp area).

8. Reference to Section II, Part 2, (LOGISTICS), paragraph a, b, & c.

a. Do not concur in the recommendations for a panel or committee to be organized to study the problems of distribution of medical supplies to using activities. Reasons for nonconcurrence are indicated in paragraph 2 above.

b. This headquarters concurs in recommendations that a replacement company be assigned to the Qui Nhon area with the capability of billeting discharged patient and outpatient returnees. The recommendation indicated a transient billet or replacement company. However, it is believed that a transient billet alone would be useless because it would lack the direction and control needed to hold and return patients to the many tactical units in CTZ II North.

c. Concur in the recommendation on clarification by reporting hospital information. However, this does not apply to medical teams as only one channel exists for reporting.

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Ray L. Miller
RAY L. MILLER
Colonel, MC
Commanding

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